

## **Issues Themes List**

### *Customer Population Cultures*

The cultures of the customer populations may be very different than American culture concerning:

- the value placed on medical care (examples include preventive versus acute treatment and routine dental treatment),
- the role of medical care or medicine in family life and well-being (examples include family planning and prenatal care), and
- the other cultural differences that may make receiving, seeking, and follow-through on medical care difficult (an example includes not being accustomed to “appointments”).

### *Changing Face and Demographics of Customers*

There are three identified issues connected with customer demographics.

1. The customer populations are often mobile and may spend only a few months in a given location. This mobility increases the difficulty in accessing and receiving care and may compound the difficulty in the program effectively tracking customers over a period of time to identify positive and negative health outcomes.
2. The customer population has changed dramatically over the past 10 years, and the nature of the employment most often engaged in by the customers, means additional shifts may be expected. This can be most clearly demonstrated by the shift from an almost exclusively Spanish, Latino population to a customer base that now includes Low-German, Mennonite customers.
3. It has been noted that the population the program serves is also aging. As customers come to Kansas to find work they may bring aging parents with them. Additionally, the workers themselves may be aging. An aging customer population means that more complex, chronic conditions may emerge.

### *Changing Healthcare Patterns of Customers*

In addition to the medical issues that arise from an aging population, it was also identified that the healthcare patterns of the customers (of all ages) is constantly shifting. While some of this shift may be attributed to cultural and aging issues, another identified factor in the healthcare patterns involves the “Americanization” of the populations. As they become more integrated into the American culture, they may start to demonstrate signs of traditionally “American Health Problems.” An example of this issue is the growing rate of obesity in the customer populations.

### *Funding*

Several issues were identified related to funding concerns.

- In an anti-immigration climate, retaining funding and securing new funding can be impeded.
- Securing providers willing to accept reduced rates of pay for services can tax the limited funding available to the program.
- As the population shifts, so to do the service needs. Anticipating this shift and finding appropriate levels of funding to match the growing/changing needs is an issue.
- Creating and maintaining the necessary program staff to adequately serve customers (language, culture, and expertise are examples) may tax funding sources or require additional funding sources.
- Developing and using emerging technologies to deliver, track, and share information related to care may be outside the present levels of funding.
- Creating and maintaining the necessary provider network to meet customer needs while providing providers adequate and attractive pay rates for services may require additional funding.

### *Provider Consistency*

Within the current provider network, there were several issues identified related to consistency:

- Creating and maintaining a network of providers that can deliver translation and interpreting services,
- Ensuring that the network can respond in a culturally sensitive fashion,
- Ensuring that “standards of care” are delivered and billed within program guidelines, and
- Ensuring that all providers and access points approach and conduct screening the same way (and providing incentives to conduct screenings).

### *Technology*

While there are many emerging technologies that can help the program create the consistency and sharing necessary to improve overall customer health, the cost of these technologies may be prohibitive. Additionally, current technologies employed by the program may not be performing at the desired standard.

Technology issues also were discussed relevant to interoperability (allowing systems and databases to talk to one another). It was discovered that many data elements could be found within other systems and databases within KDHE, partner organizations, or other sources. Creating the desired electronic interoperability or data sharing agreements present an opportunity to improve some knowledge about the customers and program successes.

### *Anticipating Services*

With the above issues identified, there was considerable discussion about the program anticipating services that might be required or welcomed by customers in the future.

### *Communication*

Due to the limited English proficiency of the customer populations and other issues, creating and delivering health messages can present challenges. More research or questioning may be needed to identify communication channels, strategies, and delivery methods. Partners may be identified to help the program develop and deliver the messages.

Another communication issue identified the challenge of communicating with the provider and access point network. How much information is too much? What information is needed? And, what is the most effective way to deliver messages? (A quarterly newsletter was suggested.)

### *Training and Development*

Program Staff - Providing program staff with the necessary training and development to keep abreast of medical, cultural, resources, technology, and other issues was an identified opportunity.

Access Point and Provider Network- Creating and fostering continued education on relevant topics (examples include billing procedures, cultural competency, program awareness, etc) was an identified opportunity.

### *Exploring, Establishing, and Strengthening Partnerships*

In order to address the identified issues and opportunities, it was suggested that the program may wish to examine its current partnerships to look for new opportunities, explore new organizations for potential partnerships, and establish new partnerships to help overcome a specific issue.

### *Getting Feedback*

While the program does a customer survey, it was identified that additional data collection efforts may be necessary to gather information to help the program meet new challenges. (Examples included a customer focus-group to get feedback on health issues that are important to the client.) In addition to client focused feedback, it may be important for the program to conduct more formalized feedback collection efforts for the provider and access point network.